	Austin Maternal-Fetal Med	icine	
Patient Last Name (Printed)	Patient First Name (Printed)	MI	Date of Birth (MM/DD/YYYY)
PREGNANCY INFORMATION & HISTORY	,	,	

Pre-Pregnancy:		Current Pregnancy:	Current Pregnancy:
Height	Weight	Last Menstrual Period	Estimated Due Date

Total # Pregnancies	# Term Births (> 37 weeks)	# Premature Births (< 37 weeks)	# Abortions	# Miscarriages	# Ectopic Pregnancies	# Multiple Births (twins, etc)	# Living

#	Month/Year	Weeks Pregnant	Birth Weight	Sex M/F	Delivery Type (vaginal, c-section, vacuum, VBAC, D&C)	Place of Delivery	Comments/Complications (diabetes, hypertension, pre-eclampsia, pre-term labor/delivery, etc)
1							
2							
3							
4							
5							
6							

If there are more than six pregnancies, please use additional sheet.

## **MEDICAL HISTORY**

	V/N	If yes, please include dates, treatment,		V/81	If yes, please include dates, treatment,
	Y/N	and treating physician	<u> </u>	Y/N	and treating physician
			Drug or Latex		
Diabetes			Allergies/Reactions		
			Gastrointestinal		
Hypertension			Disorders		
			Anemia/Blood		
Heart Disease/Murmur			Transfusion		
Stroke/Blood Clots/					
Pulmonary Embolism			Hepatitis/Liver Disease		
			Depression/Anxiety or		
Kidney Disease/UTI			Psychiatric Disorder		
Autoimmune Disorder			History of Abnormal Pap		
Neurologic/Seizures					
(Migraines)			Breast		
Pulmonary (TB, Asthma)			Uterine Abnormalities		
			Infertility/Fertility		
Thyroid Dysfunction			Treatments		
For any relevant family his	tory nless	e list illness and relationship:	•		

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5					Materna			1e	dicine				'-	, h a a a d
Patient Last Name (Printed)				Patient Fi	rst Name (I	Printed)				MI	Date	of Birth (	MM/DD	O/YYYY)
URGICAL HISTORY			•						•		1			
General Surgery	Yes	No		Commen	its		Gen	era	al Surgery		Yes	No		Comments
Tonsilectomy						LEEP			<u> </u>					
Cholecystectomy						Cold k	nife	Со	nization					
Appendectomy						Myon	necto	my	У					
Back Surgery						Hyste	rosco	эру	/					
Gastrointestinal Surgery						Ooph	orect	ton	ny/Cystecto	my				
Thyroidectomy						Salpin	gecto	om	ny					
Other						Other								
JRRENT MEDICATIONS/		RED PHA				s/supp	lem	er	-					
Medication 1	Name		Dos	age & Fred	quency	4	-		Medic	cation	Name		Dos	age & Frequency
2						5	+					+		
3						6	+					+		
Preferred Pharmacy Name						0				Profe	orred Dh	armacy Pho	nne Num	her
											cu F116	acy rill	ITUIII	
OCIAL LUCTORY		If t	there are	e more tha	ın six medica	ations, p	lease	e us	se additiona	l sheet	t <b>.</b>			
OCIAL HISTORY	Α.	mt/Day	Λ	nt/Day				Г	Do you have	anv all	lergies?	If so what	>	
Amt/Day Pre-Pregnancy				gnancy	# Years L	Jse	1	-	Do you nave	uny un	icigics:	ii 30, Wildt	•	
Гobacco Use				<b>5</b>				1	Are up on a s	special	diet? If	so, list:		
Alcohol Use							2							
Illicit/Recreational Drug Use														
illicit/Necreational Drug Ose							3	١,	Have vou he	en or a	re vou in	an ahusiye	relation	shin? □Ves □
micry Necreational Drug Ose							3	ŀ	Have you be	en or a	re you in	an abusive	e relation	ıship? □ Yes □
mert/Necreational Drug 03e							3	١	Will you acce	ept blo	od produ	ıcts in an e	mergency	y? □ Yes □ No
mich, necreational Drug ose							4	\ F	Will you acce	ept blo er beer	od produ	icts in an e	mergency	·
								\ F	Will you acce	ept blo er beer	od produ	icts in an e	mergency	y? □ Yes □ No
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